

# UNICEF response in health and nutrition

- Procurement and supply of 10 million water purification tablets to households in flood-affected areas.
- Procurement and supply of 4.6 million ORS and 250,000 intravenous (IV) fluids to health facilities and mobile clinic teams for management of diarrhea and dysentery.
- Procurement of measles vaccine (12,100 vials) and syringes for implementation of a Measles Vaccination Campaign for children aged 6-59 months in flood shelters.
- Financial support to DGHS for ORS production
- Procurement of 100 MT blended food for children aged 6-23 months

# Malnutrition and the flood

The flood has threatened all necessary conditions for good nutrition:

- **Reduced the availability of food** by damaging food stocks, crops, gardens and killing livestock
- **Reduced access to food** by causing unemployment (and in some areas food prices) to rise.
- **Damaged sanitary facilities and sources of clean water**, causing infectious diseases such as diarrhea to become more prevalent.
- **Disrupted routine health services** for diagnosing and administering drugs to treat childhood illnesses.
- **Caused serious disturbance to everyday life** so mothers are unable to find time to care for their young children.

# Malnutrition and the flood

Infants, young children and pregnant and lactating women are the first to suffer from malnutrition in the wake of the flood because:

- Their nutritional requirements are relatively greatest
- They are least able to bargain for their fair share of food and access to medical care
- Children and women suffer most greatly from the impact of malnutrition, both in the short and long term.

# Malnutrition and the flood

## **What is needed to address malnutrition in children and women?**

- Daily supplements of micronutrient fortified food to prevent further deterioration in nutritional status.
- Iron-folate supplements to prevent and control anaemia in pregnant and lactating women.
- A national Vitamin A Plus Campaign to distribute vitamin A supplements to children aged 12-59 months and albendazole to children aged 24-59 months to treat intestinal worm infections (scheduled for 31 Oct 2004).